

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	1 8 01
FORMALITY REVIEW	N.H.	625	01-23-01
RESPONSE FORMALITY REVIEW	Teguest	925	03-09-01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
÷ Restricted	O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	0
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	0
24	✓
25	✓
26	✓
27	✓
28	0
29	0
30	✓
31	✓
32	✓
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34	✓
35	✓
36	✓
37	✓
38	✓
39	0
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Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here